

## KEY POINTS – NPI Enforcement Delay

### GOOD FAITH POLICY

Through May 23, 2008 the Office of E-Health Standards and Services (OEES), an office within the Centers for Medicare and Medicaid Services (CMS) will not impose penalties on covered entities that deploy contingency plans if they have made reasonable and diligent efforts to become compliant and, in the case of health plans, to facilitate the compliance of their trading partners. Specifically, as long as a health plan can demonstrate to OEES its active outreach/testing efforts, it can continue processing payments to providers. In determining whether a good faith effort has been made, the OEES will **place a strong emphasis on sustained actions and demonstrable progress**. “We limit the period during which covered entities may deploy contingency plans to **allow additional time to carry out needed testing and other activities without payment disruption**, while providing a clear ending date for those activities”. A covered entity may end its contingency plan at any time prior to May 23, 2008, but cannot continue after that.

### WORKING TOWARD COMPLIANCE

HHS encourages covered health plans to:

- Intensify efforts toward achieving compliance
- Assess the readiness of provider communities to determine the need for contingency plans

### OEES/CMS ENFORCEMENT APPROACH

The OEES will focus on obtaining voluntary compliance and use a complaint-driven approach for enforcement. When a complaint has been received, CMS will notify the entity in writing that a complaint has been filed.

The entity will have the opportunity to:

- Demonstrate compliance,
- Document its good faith efforts to comply with the standards and/or
- Submit a corrective action plan